## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

## Apr 10, 2000 8:00 am Secretary of State DOCUMENT # **P99000098006** KENBROOKE STEEL, INC. 04-10-2000 90057 016 \*\*\*150.00 Mailing Address Principal Place of Business 4800 NORTH FEDERAL HIGHWAY #2018 4800 NORTH FEDERAL HIGHWAY #2018 BOCA RATON FL 33431-5188 **BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business DUSG CIRCLE 5361 COACH Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name~ BOOKSTEIN, MERRILL A ESQ. Street Address (P.O. Box Number is Not Acceptable) 4800 NORTH FEDERAL HIGHWAY #2018 **BOCA RATON FL 33431** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition **PVST** ☐ Delete TITI F TITLE 5361 CONCH HOUNG CIRCLE BUSCH, KENNETH W NAME NAME STREET ADDRESS 4800 NORTH FEDERAL HIGHWAY #2018 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** ☐ Change Addition TITLE Delete TITLE BUSCH, KENNETH W NAME NAME 4800 NORTH FEDERAL HIGHWAY #2018 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if